

BOARD OF ACCOUNTANCY
Professional and Vocational Licensing Division

Department of Commerce and Consumer Affairs

State of Hawaii

1010 Richards Street - P. O. Box 3469

Honolulu, Hawaii 96801

Access this form via website at: **www.state.hi.us/dcca/pvl**

APPLICATION FOR TEMPORARY PERMIT TO PRACTICE

1. Name _____
2. Firm _____
3. Mailing address _____
Number Street City State Zip Code
4. In what jurisdiction are you currently registered as a CPA or PA?

Certificate No. _____
5. Is the practice to be engaged in Hawaii merely incidental to your regular practice? _____
(Temporary permit not required if performing only peer review.)
6. Temporary permit requested from _____ to _____
Mo. Day Yr. Mo. Day Yr.
7. Have you attained the age of eighteen years? _____

I certify that the answers and statements contained in this application and the attachments are true and correct.

Date _____ Signature _____

INSTRUCTIONS
(Please Read Carefully)

1. The total \$210 must accompany this application. (*Application fee - \$25 + Permit fee - \$150 + Compliance Resolution Fund - \$35.*) The application fee is non-refundable. Make check payable to **COMMERCE & CONSUMER AFFAIRS**. Note: A \$15 service fee will be charged for checks which are not honored by the bank.
2. Attach a statement signed by an official of the jurisdiction which issued your certificate, attesting that it is currently valid and unrevoked.
3. Attach a statement signed by yourself specifying and detailing the extent of the practice in which you propose to engage in Hawaii. The names and addresses of all such clients must be disclosed as part of this statement.
4. Application must be filed not later than 60 days prior to commencement of the period covered by this application. Temporary permits are valid for 90 days only. A new application must be filed for each 90-day period.
5. Answer all questions, attach all required supporting statements, and sign this application.

For Board Use Only

Requirements:	Board action _____
PA or CPA certificate _____	Permit issued _____
Employment statement _____	
Approved by _____ Date _____	

App.....	005	\$ 25
Temp Permit	011	\$150
CRF.....	006	\$ 35